

Form 17-9

Adult Day Care Only

**Record of Meals Served**  
**Child and Adult Food Program**  
**Kentucky Department of Education**  
**School and Community Nutrition**

Name of Center: Month: 

Record of Meals Served to Participants					Program Adults		
Date	Breakfast	Lunch	PM Supplement	Total Daily Attend.	Breakfast	Lunch	PM Supp.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
<b>Total</b>							

PA=Program Adults

Revised FY2015-2016

7CFR226.15(e)(4)

Milk on hand after last meal service of the previous month: